

during the preceding night. Upon palpation that region was found slightly sensitive to pressure; pulse 72, temp. 100.5°. Ordered her a saline mixture and vaginal injections of warm water. 8th day. No paroxysms of pain, slight tenderness in right inguinal region; pulse 72, temp. 100.5°; continued treatment. 9th day, 12.30 a.m. Was hastily summoned to see patient; found her suffering intense pain in the lower part of the abdomen, which the nurse said had come on suddenly after the patient had assumed the semi-erect posture to pass urine. Upon examination found abdomen greatly enlarged and tympanitic and tender on palpation, countenance pinched and anxious; temp. 101.5°, pulse 80. Ordered linseed meal poultices to abdomen, quinine sulphate gr. iij. every four hours, morphine sulph. gr.  $\frac{1}{8}$  every hour till pain relieved; liquid diet. 10 a.m. Patient feels much easier; temp. 101.5°, pulse 80, other symptoms unchanged. Patient has received four tablets of morph. sulph.  $\frac{1}{8}$  gr since last visit. Morphine to be discontinued unless paroxysmal pain returns, other treatment continued. 2 p.m., temp. 102.2°, pulse 80. 6.30 p.m. Had consultation with Dr. U. Ogden. Temp. 102°, pulse 80. Tympanitis is extreme, the abdomen being fully as much enlarged as before her confinement. Upon palpation tenderness extends as high as umbilicus. It was decided to administer the quinia per rectum and increase the amount given to  $7\frac{1}{2}$  grains every four hours, in the hope that it would stimulate the coats of the intestines to contract and expel the large amount of flatus.

10th day, a.m. Nurse reports that during the night some flatus escaped, patient has had no recurrence of paroxysmal pain; abdominal distension not as marked as at last visit; temp. 99°, pulse 72. Discontinued quinine and ordered sodæ et potassæ tart. 3j. every three hours, and injections of tepid water to be repeated every two hours. 6 p.m. During the day injections have brought away a small amount of fecal matter, some flatus also escaping; temp. and pulse same as morning. Abdominal walls were relaxed, and less tympanitic; patient bears ordinary palpation of abdomen without any complaint. Same treatment to be continued, also 3j. whiskey every two hours.

11th day. During the night patient has had considerable rest and taken nourishment well; passed some feculent matter and flatus and appear-

ed to be progressing favorably until about 7.30 a.m., when nurse became alarmed at her condition and sent for me. At 8 a.m. I found her in collapse; extremities cold and whole body covered with a cold, clammy perspiration. Pulse 80, very soft and compressible; temp. 97° in rectum. Complained of nausea and faintness; abdomen was much distended, no tenderness. Applied artificial heat by means of bottles of hot water to body and extremities, as well as friction. The perspiration was excessive, standing out in great drops over the entire surface, almost immediately after it had been removed by towels. Administered six syringefuls of whiskey hypodermatically, and gave small quantity by the mouth during first hour. Patient then vomited a large quantity of partially digested food, and this relieved the nausea, so that she was able to take 3ss. whiskey every fifteen minutes by the mouth. This treatment was continued. About two p.m. there were some evidences of reaction, and by 5 p.m. natural heat was restored to the surface and perspiration had abated. At 6.30 had another consultation with Dr. U. Ogden. Pulse 80, weak, temp. 99°. Tympanitis was now considerably increased again; no tenderness. Treatment 3iv. whiskey, 3j. egg and milk mixture every hour. Rectal injection of castor oil and turpentine in thin starch. 9 p.m. No action of bowels; repeated injection, omitting turpentine. Injection was retained for two hours and then expelled. Then ordered an injection of four ounces warm castor oil.

12th day, 9 a.m. Bowels have not acted during night. Patient has taken nourishment well, and appears stronger; pulse 72, temp. 99°. Ordered 3j. castor oil and 10 ℥ turpentine by mouth. At 12 o'clock there was a movement of the bowels, containing some lumps of hardened fecal matter, but principally composed of softened fecal matter and oil in an active state of fermentation, the gases making their way to the surface of the mass at all parts while under observation. The amount passed at this evacuation filled the bed-pan, a large amount of flatus also escaped. Bowels continued to act during afternoon, in all, four times, one of the dejections being as large as the above, the others somewhat smaller. 6 p.m. No tenderness, no tympanitis; pulse 72, temp. 99.5°.

13th day. Patient is improving; takes nourishment well, has no pain.